CONTACT US Q MEMBERSHIP ▼ ABOUT ▼ CONVENTION ▼ BRANCHES ▼ NEWSLETTERS HOME **Go to Branch** Please complete this form in it's entirety with your signature and date Member Name RWTO/OERO Branch Maling Address **Unit Number** City Select Province Postal Code Mobile Phone **Email Address** Day of Birth \$ Month of Birth \$ Year of Birth \$ ☐ I agree with the terms and condition of RWTO.(Required) I hereby authorize RWTO/OERO Executive Secretary-Treasurer, current members of the Provincial Executive, and my RWTO/OERO Branch Executive, to collect and exchange my personal information given herein only for the following purposes: • Sending me RWTO/OERO Provincial newsletters and other RWTO/OERO communications. • Preparing RWTO/OERO membership cards, member lists and/or reports to be shared with RWTO/OERO. • Facilitating the administration of the RWTO/OERO organization including providing access to records as required by the organization's Auditor(s). • Providing me with information on products and services afforded to me through my RWTO/OERO membership, including insurance through Manulife or through RWTO/OERO. • Confirming my continued membership in RWTO/OERO to Manulife if required. • Enabling RWTO/OERO to assess the effectiveness of member communications and ensuring the accuracy of my information. ☐ I agree that my information can also be shared as needed only for the above purposes with the underwriter(s) and insurers of the RWTO/OERO Insurance Plans and their agents, brokers, market intermediaries or third party administrators. This information ensures consistent coverage for insured members and their insured spouse or as one's personal information changes. (Required) The insurance program, through Manulife, is optional. It provides excellent add-on benefits to other insurance plans to the member and to RWTO/OERO. Only Manulife knows if you are a subscriber. Go to Insurance plans at https://rwto.org/membership/insurance-plan/ for forms, brochure and application. You can also access information from your Branch Insurance Convenor. Signature (typing your name will be accepted as a signature) Day \$ Month \$ Year \$ **SUBMIT FORM**